epiTRENDS

A Monthly Bulletin on Epidemiology & Public Health Practice in Washington State

Vol. 4 No. 1

Washington's Breast and Cervical Health Program Serves Older, Low-Income, Underinsured Women

Many older women with low incomes do not receive regular screening for breast and cervical cancer and thus are at increased risk of dying from invasive disease. A state program administered by the Department of Health has made strides in expanding screening to this population group and is addressing the barriers that hinder the regular screening necessary for early detection.

Breast cancer is the most common type of cancer among women and the second cause of cancer-related mortality in Washington State (Table 1). Although white women have the highest incidence of breast cancer, African-American women have the highest mortality rate. Both incidence and mortality rates from cervical cancer are highest among women of color. While the causes of these cancers remain unclear, detection and treatment at an early stage are associated with lower incidence of invasive cervical cancer and lower cervical and breast cancer mortality.

Although the efficacy of mammogram screening in lowering the risk of breast cancer-related mortality has been well established, consensus on related guidelines is lacking. The U.S. Preventive Task Force recommends yearly clinical breast exams for women 40 years and older and mammograms every one to two years for women 50 and older. The American Cancer Society recommends yearly mammograms from age 40 on. Yearly cervical cancer screening is recommended for all women except those who have not been sexually active and whose last three Pap test results have all been normal; these women can be screened less frequently, according to the recommendations of their physicians.

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Table 1: Breast and cervical cancer morbidity and mortality in Washington State, 1996

	Breast	Cervical
All reportable cases	4,147	217
Incidence/100,000 women	131.6	6.4
Deaths	785	58
Mortality/100,000 women	23.6	1.8

SOURCE: *1996 Cancer in Washington: Annual Report of the Washington State Cancer Registry.* Olympia: Washington Department of Health, 1998.

Proposed Changes in Notifiable Conditions:

Emerging Intestinal Infections

Cryptosporidiosis is an intestinal parasitic infection causing diarrhea, abdominal cramps, loss of appetite, nausea, vomiting, headache, and a low-grade fever. Symptoms can be minimal or severe, particularly in immunocompromised persons, and may last for weeks. The organism is carried in the intestines of humans and animals, and has an environmentally resistant oocyst that can be transmitted by fecally contaminated food and water, or directly person to person.

Cryptosporidiosis probably accounts for about 5% of gastrointestinal illness in the United States. In Washington, infection is primarily associated with water, although a food-borne outbreak has been reported. It is of interest due to discussions by the federal Environmental Protection Agency to require large and medium-sized public water systems that use surface water to test for *Cryptosporidium* oocysts. The health risk of any oocysts that are found, however, is

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Women's Health *(from page 1)*

The 1994 Washington State Behavioral Risk Factor Survey revealed that 29% of women aged 51 and older who are at or below 200% of the federal poverty level had never had a mammogram and nearly 6% had never had a Pap smear. By contrast, only 9% of more affluent women in this age group had never had a mammogram and approximately 2% had never had a Pap smear. Among women in this age group who had been previously screened, only about 22% of low-income women had received a mammogram in the past year, compared to 78% of more affluent ones. About 52% of low-income women reported having a Pap smear in the previous two years, versus 80% of more affluent women.

Such data prompted the State Department of Health to provide free breast and cervical cancer screening and diagnostic follow-up to eligible women. The program, launched in 1994, is funded by the Centers for Disease Control and Prevention.

Eligibility criteria for the Breast and Cervical Health Program (BCHP) include low income (at or below 200% of the federal poverty level) and either under- or uninsured status and older age. Since January 1998, eligibility for the federal funds has been restricted to women 50–64 years old. Older women are now covered by Medicare and as of July 1998 newly enrolled women, 40–49 years old, are covered by state funds dedicated for this purpose by the State Legislature. Screening and diagnostic follow-up have been conducted at federally funded community and migrant health centers, private clinics, cytology labs, and mammography facilities. To support this effort, the program has been funding outreach activities and has provided cancer screening training to staff at participating clinics.

Early Program Results

Based on 1998 State Office of Financial Management estimates, 47,459 women aged 40 years old and older are of low income and uninsured. By fall 1998, 20,000 (42%) had been enrolled. Most (71%) of those aged 40–64 live in urban areas, 40% are women of color, and 59% have a high school education or less. By fall 1998 the BCHP had provided 30,482 clinical breast exams, 22,231 mammograms, 26,054 pelvic exams, and 25,343 Pap smears. At first visit, 93% of enrolled women were referred for a mammogram and 82% of them complied. The screenings detected 160 cases of breast cancer and 50 of cervical cancer. A concern, however, is that only 40% of women who were initially screened by the BCHP were rescreened by the program a year later.

In an effort to identify factors that may explain and help improve this low rescreening rate, BSHP staff collected information on clinic systems and protocols and linked it to program screening data. They examined clinic reminder systems and women's characteristics as potential risk factors for the low observed rate of rescreening.

Routine rescreening (rather than for symptomatic reasons) was higher among women who had been screened prior to having accessed BCHP services. Native American and Hispanic women had the lowest rescreening rate (25%), as compared to the 38–40% rate of whites, African Americans, and Asians. Consideration of all relevant factors revealed that women who were least likely to be rescreened were those for whom the BCHP was the first cancer screening experience, and women not served by urban clinics that send annual screening recall cards to patients.

These evaluation results will be used in future BCHP clinic training aimed at boosting rescreening. A recent rescreening survey of BCHP participants is being analyzed. It will be used to identify continuous eligibility and non-BCHP rescreening status and to identify rescreening barriers that may be modified by informational and educational efforts of outreach workers and clinic staff.

For More Information

For more information on the BCHP, please contact Veronica Foster at 360-236-3695. For more information on related data, contact Nitsa Allen-Barash at 206-587-4208.

References

Kerlikowske K, Grady D, Ribin SM, et al: Efficacy of screening mammography: A meta-analysis. *JAMA* 1995; 273;149-154.

Center for Health Statistics: *1994 Behavioral Risk Factor Survey.* Olympia: Washington State Department of Health, 1994.

Allen-Barash N, Wu R, LaCroix K, Foster V: *Barriers to Breast Cancer Rescreening in Washington State.* Paper presented at the 1997 Meeting of the Centers for Disease Control and Prevention, Atlanta.

State Health Officials Launch Educational Campaign to Warn About Dangers of Antibiotic Misuse

To combat the inappropriate use of antibiotics, the Department of Health on January 6 hosted press conferences in Seattle, Spokane, and Yakima to launch a year-long campaign to educate parents and health care providers about this increasingly important public health issue. Incorrect or too frequent use of antibiotics can create drug-resistant strains of bacteria and increase vulnerability to serious illness.

Antibiotic-resistant bacteria are on the rise in Washington. Last year, for example, the bacteria that most commonly cause ear infections were resistant to penicillin in over 30% of cases. Such resistance was rare only five years ago. A person who is ill with a resistant strain must be treated with more powerful drugs that may have side effects and also is more likely to be hospitalized and have long-term health problems. Further information is available at:

http://www.doh.wa.gov/Topics/antibiotics.htm

Monthly Surveillance Data by County

December 1998* – Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead§#
Adams	0	0	0	0	0	0	0	0	0	2	0	0	0	1/#
Asotin	0	0	0	0	0	0	0	2	0	1	0	0	0	0/0
Benton	7	0	0	0	0	0	0	0	0	27	0	0	1	1/13
Chelan	0	1	0	1	0	1	0	0	1	3	2	0	0	4/13
Clallam	0	0	0	1	0	0	0	0	0	10	1	0	0	0/#
Clark	1	6	0	8	3	0	1	0	0	49	5	0	0	0/#
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	1	1	10	0	0	1	0	0	2	0	0	0	0/18
Douglas	0	0	0	0	0	0	0	0	0	6	0	0	0	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	0	0	0	0	0	0	0	0	18	0	0	1	0/#
Garfield	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Grant	0	0	0	1	0	0	0	0	0	19	0	0	0	0/#
Grays Harbor	0	6	0	0	0	0	0	0	0	13	0	0	0	0/#
Island	0	0	1	0	0	0	2	0	0	10	2	1	0	0/#
Jefferson	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
King	5	15	3	28	4	2	0	19	13	316	75	27	0	0/32
Kitsap	0	0	0	1	2	0	0	0	0	73	12	1	1	0/17
Kittitas	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Klickitat	0	0	0	0	0	0	0	0	0	5	0	0	0	0/0
Lewis	1	0	0	0	0	0	0	0	0	9	0	0	0	0/#
Lincoln	0	0	0	0	0	0	0	0	1	0	0	0	0	0/0
Mason	0	0	0	0	0	0	0	0	0	5	0	0	0	0/#
Okanogan	0	0	0	0	0	0	0	0	0	6	1	0	0	0/#
Pacific	0	0	0	0	0	0	0	0	0	1	0	0	0	0/#
Pend Oreille	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Pierce	0	24	5	1	0	0	0	3	5	162	41	2	0	0/45
San Juan	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Skagit	0	1	0	0	0	0	0	1	0	25	1	0	0	0/5
Skamania	0	3	0	1	0	0	0	0	0	0	0	0	0	0/0
Snohomish	1	3	5	0	1	0	1	0	1	128	18	2	1	0/12
Spokane	0	2	1	9	0	0	0	0	5	33	6	2	0	4/255
Stevens	0	0	0	0	0	0	0	0	0	4	0	0	0	0/0
Thurston	0	1	0	5	0	0	0	1	0	16	0	0	0	0/#
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	0	0	0	0	0	0	0	11	1	0	0	2/15
Whatcom	4	6	5	2	0	0	1	2	2	30	0	2	0	0/5
Whitman	0	0	0	2	0	0	0	0	0	10	3	0	0	0/#
Yakima	0	7	6	0	1	0	0	0	0	84	2	1	1	0/6
Unknown														1/1

Current Month	19	76	27	70	11	3	6	28	28	1084	170	38	5	12/456
December 1997	28	114	68	413	40	16	30	111	28	1013	183	52	13	20/345
1998 to date	124	543	232	981	114	25	66	336	265	10997	1949	423	408	142/3832
1997 to date	149	675	318	1019	113	42	115	481	305	9523	1955	622	377	185/4434

* Data are provisional based on reports received as of December 31, unless otherwise noted.
† Unconfirmed reports of illness associated with pesticide exposure.
§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.

WWW Access Tips

Fact sheets about cryptosporidiosis and cyclosporiasis are available under Health Information on the Web site of the Centers for Disease Control and Prevention at: http://www.cdc.gov

Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

Intestinal Infections *(from page 1)*

not well understood. Therefore, correlation between reports of cryptosporidiosis or diarrheal disease and results of water tests for *Cryptosporidium* will be important.

Cyclosporiasis is an intestinal parasitic infection causing watery diarrhea that may be explosive, loss of appetite, weight loss, bloating and gas, abdominal cramps, nausea, vomiting, muscle aches, low-grade fever, and fatigue. Symptoms can be minimal or severe, and may last for weeks. The oocysts require time to become infectious and are thought to be transmitted through fecally contaminated food and water but not directly person to person.

Cyclospora is a relatively rare cause of gastrointestinal illness in the United States (<1% of cases). It is of interest because little is known about its epidemiology and the relative importance of the various modes of transmission and sources of infection. A food-borne outbreak of cyclosporiasis was identified in Washington residents in 1996.

Both infections can be confirmed through identification of oocysts, although some laboratories may do these tests only on request, not as part of a routine ova and parasite screen. Diagnosis can be difficult, and cyclosporiasis in particular probably needs confirmation by laboratorians experienced in this diagnosis. *Cryptosporidium* antigen testing can also be done on stool.

Neither cryptosporidiosis nor cyclosporiasis is currently reportable in Washington so the level of disease is unknown. With the proposed regulation changes, medical care providers would report cases and local health jurisdictions (LHJ) will complete the communicable disease short form for newly identified cases. The LHJs will send forms to the State Department of Health through usual channels (hard copy, diskette, or electronic means). The LHJ may choose to provide educational information and treatment options to patients and providers. Clusters of cases will be investigated to identify possible sources of infection and continuing exposure to the community.

For more information about the reporting of cryptosporidiosis and cyclosporiasis, call Marcia Goldoft, MD, at 206-361-2914. For more information about revisions to the reportable conditions regulations, call Greg Smith at 360-236-3704.

DOH Releases Report on Statewide Cancer Data for 1996

The *1996 Annual Report of the Washington State Cancer Registry* is now available. It provides information on the 24 most frequently diagnosed types of cancer with a focus on cases newly diagnosed in 1996.

Data include age- and gender-specific incidence, stage at diagnosis, and regional incidence and mortality. The sections on annual trends and on county-specific incidence and mortality include additional data from previous years. The report should be useful for assessing community wellness and program planning.

For a copy, contact Carolyn Comeau at 360-664-8776, or visit the DOH web site at http://www.doh.wa.gov; select “Health Statistics” under “Topics”.

*epi*TRENDS is published monthly by the Washington State Department of Health.

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